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AUTHOR South, W. Frank, Comp.; And Others
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ABSTRACT

Presented is the report of a regional task force on diagnosis and program intervention for children with learning difficulties (learning disabled, behaviorally disordered, slow learning, culturally/linguistically different, and economically/environmentally disadvantaged children). Current state practices relative to the five disability classes are detailed and recorded on a matrix in terms of definitions, referral characteristics, diagnostic strategies, assessment instruments, criteria for determining eligibility, and program interventions. A discussion overview of the data cites similarities in state procedures, agreement on the need for home language dominance determination and vision and hearing screening, and reliance on individually administered standardized intelligence test scores for determining eligibility in all disability areas. Considered in a final section is the need for further study on such issues as the roles and responsibilities of special education, and the distinction between learning disabilities and behavior problems. Included in three appendixes is a summary of the provisions of the Education for All Handicapped Children Act of 1975 (Public Law 94-142). (CL)

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EXAMINING PLACEMENT PROBLEMS RELATIVE TO CERTAIN HANDICAPPED AND NONHANDICAPPED CHILDREN: A REGIONAL TASK FORCE REPORT

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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Compiled by

W. Frank South
Southwest Regional Resource Center

William F. Hurtgen
Arizona State Department

Paula Parks
New Mexico State Department

Randolph G. Sorensen
Utah State Department

Edited by

Jean J. Moore
Southwest Regional Resource Center

January, 1976

Judy Ann Buffmire
Director
Southwest Regional Resource Center
University of Utah
Department of Special Education
Salt Lake City, Utah 84112

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U. S. Department
of Health, Education and Welfare

Office of Education
Bureau of Education for the Handicapped

Preface

In the fall of 1974, several western states found they were facing the same dilemma: how do you differentiate among children who are not succeeding in school when they do not exhibit an obvious handicap? For example, in a class for the educationally handicapped, one might find a child who is not keeping up with his peers because he is a slow learner; another who is having problems because he is bilingual; another whose disadvantaged background has not provided the stimuli needed for "normal" achievement; another child who has a learning disability; and yet another who is not achieving because of an emotional disorder.

The Southwest Regional Resource Center (SRRC) was requested by the states in Region 3 (Arizona, Colorado, Nevada, New Mexico and Utah, and the Bureau of Indian Affairs--which is served as the sixth state in the region) to develop and support a plan whereby information on differentiating among these children could be elicited. A task force was formed by the SRRC, with representatives from each of the six states, and the work began. Colorado, who had originally initiated the request, also asked for a consultant to examine this problem as it directly related to Colorado's planning at that time. Dr. Romaine Mackie was subcontracted by the SRRC to provide this service to Colorado, and also to serve as a consultant to the regional task force during the subcontracted two-month period.

The persons designated by the State Directors of Special Education in each state served as task force chairmen in their states, and meetings were held to elicit the information that is presented in this report. A special thanks goes to all of the participants in those state sessions, as well as to

continued

those who took part in the regional session. (The names of all task force members appear in Appendix B.)

Compiling the information and articulating the many concerns that were raised in each state took much longer. Over a period of a year, four people have met several times to address this compilation, condensation and organization task; without the input and dedication of the four, the concepts and concerns for further study would not be available in the organized form presented here. The four were: Frank South, of the SRRC staff, who coordinated this activity from the inception, and three members of state special education staffs: Paula Parks, New Mexico; W. F. (Terry) Hurtgen, Arizona; and Randolph G. Sorensen, Utah.

The SRRC acknowledges its debt to the many contributors who spent time in this endeavor, and to the State Directors of Special Education in Region 3 who conceived and supported the activity. (The State Directors, as members of the Region 3 Management Board, are listed in Appendix C.)

This document is offered to special educators everywhere, not as the final word, but as a step toward providing all children--handicapped and nonhandicapped--with an appropriate education.

Judy Ann Buffmire

Judy Ann Buffmire
Director, SRRC

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Examining Placement Problems Relative to Certain Handicapped and Nonhandicapped Children: A Regional Task Force Report

Section A. Introduction and Statement of the Problem

A long-standing tradition in the United States holds that all children can look forward to a free public education. This premise has held for most children, but the handicapped have been peremptorily excluded at times, certain handicapped children have been accepted at other times. The current trend is toward inclusion of all children in the public school systems of the country. Exemplifying this trend is the passage of the Education for All Handicapped Children Act of 1975, Public Law 94-142.[1] PL 94-142 represents a major commitment by Congress to encourage and support the education of all handicapped, school-aged children.

Historically, special education for the deaf, the blind, the crippled, and the mentally retarded has existed in the United States since the middle of the nineteenth century. The last two decades have seen the accelerated movement of these groups of children into the public schools as well as an intensification of federal and state executive and legislative action directed to the educational rights and needs of the handicapped. Thus, for students who are deaf, blind, crippled or mentally retarded, there now exists a relatively explicit set of definitions, which are operational through quantifiable criteria. For these students, there exists, too, an organized system of education program models and instructional methodologies.

[1] See Appendix A, page 77, for a summary of the requirements of PL 94-142.

However, with the acknowledgment of less obvious, less discrete categories of handicapped children (e.g., learning disabled and behaviorally disordered), there is less clarity. At the same time, emphasis has been placed upon the education of the culturally and linguistically different and the environmentally disadvantaged. State and local administrators are finding themselves face-to-face with the dilemma of ambiguous definitions and overlapping population characteristics.

Administrators who must justify the expenditure of limited (and sometimes earmarked) special funds to educate certain children require differential information to make appropriate educational management decisions if these funds are to be distributed equitably. Under the broad category of "children with learning difficulties," one might find handicapped, slow learning, culturally and linguistically different and environmentally disadvantaged children. Equitable delivery of special education services mandates that finer discriminations must be made.

In some states up to forty percent of the children in public schools are being referred as potential candidates for special education under the rubric of "suspected learning disabled," or "suspected behaviorally disordered." Many of these children are not handicapped, though their commonality with those who are lies in the discrepancy between their academic and/or adaptive performance and that which is predicted or expected for their chronological age. The absence of clear definitions and clear eligibility criteria creates confusion, and children are being misdiagnosed and misplaced.

What is needed? Operational definitions must be developed; clear criteria for eligibility determination and program placement decisions must be specified; and a recommended set of instructional modalities must be determined in order to establish who the distinct populations are, where in the educational system they should be served, and how that education can best be accomplished.

PL 94-142 reflects these needs, specifically in the area of learning disabilities. This Act mandates that the Commissioner of Education shall provide detailed regulation relative to learning disabilities, and limits the percentage of children to be served under a learning disability classification to two percent.

Section B. Design of the Project[2]

Task Force Model

A request for technical assistance from the Southwest Regional Resource Center (SRRC) in addressing the above-stated problems was initiated by the State of Colorado in September of 1974. The State Directors of Special Education for the other states in Region 3, which is served by the SRRC (Arizona, Nevada, New Mexico, Utah and the Bureau of Indian Affairs) chose to participate in this effort. The magnitude of the problem differed from state to state, but the problem was common across the region. A regional approach to address the issue promised a broader base for identifying solutions. A regional task force model was selected; the task force included one representative from each state in the region (appointed by the State Directors), a representative from the SRRC, and a consultant to address in detail the specific needs of Colorado and to serve as a consultant to the regional task force.[3]

The task force held its initial meeting early in December, 1974, at which time group consensus was reached on a problem statement and solution parameters. The problem was articulated by the regional task force as follows:

> There are large numbers of children who are experiencing learning difficulties. These

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[2] More complete discussion of the task force design and a schedule of events can be obtained from the SRRC.

[3] A copy of the report prepared by the consultant, Romaine Mackie, can be obtained from the SRRC. Dr. Mackie's subcontracted services covered the period from December 5, 1974 to January 31, 1975.

children may create similar problems in the classroom and "all look alike" to the classroom teacher. However, there are separate categories of difficulty which may occur mutually exclusively or in some combination; this interrelationship may be incidental or cause-and-effect.

The regional task force charge was identified as the specification of how to diagnostically determine what (or which condition) is causing the learning difficulty; to what degree; to define the appropriate program interventions; and to clarify program responsibility (regular education, special education, or both).

A problem-solving grid or matrix approach was chosen as a uniform method of organizing thinking and collecting information generated in the separate states. Five classes of "children who are experiencing learning difficulty" were singled out for consideration: (1) children who are learning disabled (sometimes referred to as children with specific learning disabilities or as educationally handicapped); (2) children who are behaviorally disordered (sometimes referred to as emotionally handicapped, emotionally disturbed or educationally handicapped); (3) children who are slow learners; (4) children who are culturally and/or linguistically different; and (5) children who are economically and/or environmentally disadvantaged. These five classes constituted the entries along the vertical axis of the matrix. Six distinction descriptors were identified and entered across the horizontal axis of the matrix.

A specific plan of intrastate committee operation was determined. The representative from each state chaired a meeting or a series of meetings with professionals and parent representatives in each state to generate information from their perspective. The regional task force then reconvened for a two-day sharing session of each state's contributions to the problem solutions. A subgroup of the task force met subsequently, at infrequent intervals through 1975, to compile the information. State inputs were entered in cells for each class of children across all descriptors (although not all states attended to every possible cell within the matrix). This input is reflected in Section C. The data from the states were then analyzed and snythesized and differences (distinctions) were prepared as a first step toward solution. The synthesis is discussed in Section D.

Section C. Data Submitted by Individual State Task Forces

The participants in the individual state meetings were asked to generate information representing their current practices and thinking relative to the five classes of "children who are experiencing learning difficulty" and relative to the six distinction descriptors. This information would then be entered on the matrix represented in Figure 1.

	CHILDREN WHO ARE EXPERIENCING LEARNING DIFFICULTY	1 Definitions	2 Referral Characteristics	3 Diagnostic Strategies	4 Assessment Instruments	5 Criteria for Determining Eligibility	6 Program Interventions
MAY HAVE OR MAY BE	I. Learning Disabilities	I:1	I:2	I:3	I:4	I:5	I:6
	II. Behavioral Disorders	II:1	II:2	II:3	II:4	II:5	II:6
	III. Slow Learners	III:1	III:2	III:3	III:4	III:5	III:6
	IV. Culturally/ Linguistically Different	IV:1	IV:2	IV:3	IV:4	IV:5	IV:6
	V. Economically/ Environmentally Disadvantaged	V:1	V:2	V:3	V:4	V:5	V:6

Fig. 1. Matrix for organizing information generated by the states.

The original contributions from the state task forces are presented in this section. The only editing was to place the information in the appropriate cells of the matrix and to eliminate obvious redundancies. Therefore, some statements may emphasize different aspects than other statements addressing the same issue. The information represents what states were doing at the time of the individual state meetings and is not to be construed as

recommendations. Similarly, the tests listed under "Assessment Instruments" are those the states were then using; the lists are not meant to suggest that these are the only tests or the "best" tests to use.

I: LEARNING DISABILITIES
1: Definitions[4]

A learning disabled child is one who exhibits one or more deficits in the learning processes of perception, conceptualization, language, memory and control and attention, and impulse or motor function. These deficits may be demonstrated verbally or nonverbally. A discrepancy between expected and actual academic achievement is observable. These problems are not primarily the result of vision, hearing or physical handicaps, of mental retardation, of emotional problems, of the lack of opportunity to learn, or of lack of experience with the English language.

Children with learning disabilities exhibit a disorder in one or more of the basic psychological processes of central-motor, central-perceptual, central-cognitive, and/or in spoken or written language. These disorders may be manifested in the areas of listening, thinking, talking, reading, writing, spelling or arithmetic.

A significant identifiable perceptual or communication disorder is an impediment in one or more of the basic learning processes involved in the understanding, reception, organization, or expression of written or spoken language.

Pupils with specific learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing or motor handicaps, to mental retardation, emotional disturbance, or environmental disadvantage.

Specific learning disabilities are signified disorders of thinking, listening, speaking, reading, writing, spelling and math. These disorders result from a deficit in the learning processes which include: attention, perception, memory, the ability to form verbal and nonverbal concepts, and the ability to utilize spoken and/or written language symbols for those concepts.

[4]These definitions (like all information in Section C) were contributed by task force members as being in current usage in their states.

I: LEARNING DISABILITIES
2: Referral Characteristics

One or more of the following may be observed:

Behavior

- Frequently disrupts the classroom, demands attention to an inappropriate degree, often speaks out of turn, and is unable to inhibit responses;
- Frequently disregards or fails to understand the feelings of others;
- Frequently is inattentive, is very distractible, has short attention span, rarely listens, may be a daydreamer;
- Often is disorganized in his books, materials, personal appearance;
- Is confused in his relationship to the physical environment and gets lost in a familiar setting such as the school, playground and neighborhood;
- Shows low tolerance for change, may overreact, may laugh or cry inappropriately;
- Has difficulty getting along with his peers in work and/or play situations and has few friends;
- Lacks self-sufficiency, seldom initiates activities, and has limited acceptance of his age role, compensates by acting foolish, making fun of others, has low self concept;
- Frequently fails to complete assignments;
- Is unable to follow simple oral instructions;
- Is unable to follow and understand class dicussions, appears to be inattentive, mind wanders;
- Has difficulty remembering what he hears;
- Has difficulty understanding the meaning of time, fails to comprehend the requirement of completing assignments within a given time;
- Tends to be perceived negatively by teachers and peers alike especially as chronological age increases.

Physical

- General coordination poor; awkwardness evident in skipping, climbing, running, walking, jumping, hopping, etc.;
- Often has difficulty with tasks involving balance, maintains equilibrium by touching tables, chairs or desks when moving about the room, falls or stumbles frequently;
- Has difficulty with fine motor coordination tasks;
- Is unable to differentiate between right and left, exhibits directional confusion; exhibits mirror-writing, reversals, inversions, and rotations of letters and/or numerals;
- Is lethargic and tires quickly, while overwhelmingly vigorous at times.

Developmental speech and language

- Fails to grasp simple word meanings;
- Comprehends words in isolation but fails to comprehend in connected speech;

continued

I:2 continued

Is echolalic (the persistent and meaningless repetition of another's words), nonsensical;
Frequently uses incomplete sentences, and has numerous grammatical errors, as evidenced by poor use of pronouns, verb tenses;
Is unable to relate a story or an experience in the proper sequence;
May have adequate information, but is unable to organize and express his ideas, gropes for words, relates minor or irrelevant details, and is generally at a loss in expressing himself;
Experiences difficulty with judgment of size, weight and distance;
In word recall, scans for the word he has in mind, recognizes it when he hears it, but cannot retrieve it;
Sometimes utters an equivalent word, but is aware that it is not the correct response, such as "bunny" for "rabbit."

Intellectual ability and academic achievement

Current intellectual and achievement function level is usually within the normal range; however, discrepancies exist between verbal and performance scores, with wide scatters of scores on subtests;
Scores indicate inconsistency and great variability between expectancy and performance;
Displays several behaviors (social, emotional, physical, language, conceptualization, etc.) which are typical of children having normal intelligence, and yet has difficulty in one or more of the academic areas;
Discrepancies appear in grades or test results which indicate learning patterns; that is, may be at grade level in one subject (math) and yet be significantly below grade level in reading. May also have a discrepancy within one academic area.
Specific characteristics include, but are not limited to:
- discrepancies betwen intellectual achievement potential and achievement level;
- perceptual-motor impairment (auditory, visual, haptic);
- general orientation defects (space, time, body image);
- disorders of memory and thinking;
- disorders of speech and language;
- specific learning disabilities in reading, arithmetic, writing, spelling and/or content subjects;
- hyperactivity;
- emotional lability;
- disorders of attention (e.g., short attention span, distractability);
- impulsivity;
- equivocal neurological signs and EEG irregularities.

Developmental disparity in processes related to education:
- auditory processes;
- visual processes;
- haptic processes.

continued

I:2 continued

Characteristics include:

language--child scores in the lowest quartile for his age group on measures of expressive/receptive/inner language (as determined by standardized tests and/or classroom performance), developmental language scales.

reading--child scores in the lowest quartile for his age group as measured on reading readiness or pre-reading instruments (P-K). Scores in the lowest quartile for his age group on achievement instruments and/or classroom performance (1-12).

math--child scores in the lowest quartile for his age group in pre-math skills as measured on an appropriate instrument (Preschool-K). Child scores in the lowest quartile for his age group as measured on achievement instruments and/or classroom performance (1-12).

perceptual-motor behavior--child scores in the lowest quartile for his age group as measured on perceptual-motor inventories and/or classroom performance (Preschool-3).

spelling--child scores in the lowest quartile for his age group as measured on standardized tests and/or classroom performance (1-12).

I: LEARNING DISABILITIES
3: Diagnostic Strategies

Home language dominance determination and measure of proficiency;
Vision/hearing screening;
Pupil behavior screening instrument or rating scale;
Social history (includes family, medical and educational information);
Intellectual and educational assessment by qualified personnel, including:

- individual intelligence test;
- individually administered achievement test;
- measure of present learning process functioning in area(s) of weakness (e.g., visual perception, auditory perception, motor development, language development);
- other appropriate diagnostic tests (laterality, readiness, reading, math, spelling, etc.);
- other tests to screen for disclaimers;
- classroom observation.

I: LEARNING DISABILITIES
4: Assessment Instruments

Pupil Scales
- Myklebust Pupil Rating Scale
- Spraings Pupil Behavior Rating Scale
- Screening Instrument for Identification of Learning Disabilities

Individual Intelligence Tests
- Wechsler Intelligence Scales
- Stanford-Binet Intelligence Test
- Columbia Test of Mental Maturity
- Leiter International Performance Scale

Achievement Tests
- Peabody Individual Achievement Test

Visual Perception
- Developmental Test of Visual-Motor Integration (Beery-Buktenica) (CA 2-15)
- Bender Gestalt Test (Koppitz Scoring System) (CA 5-10)
- Human-Figure Drawing (Koppitz Scoring System)
- Frostig Developmental Test of Visual Perception (CA 4-9)
- Screening Tests for Identifying Children with Specific Language Disability (Slingerland) (CA 5-10)

Auditory Perception
- Wepman Test of Auditory Discrimination (CA 6-8 and older)
- Goldman-Fristoe-Woodcock Test of Auditory Discrimination (CA preschool to adult)
- Illinois Test of Psycholinguistic Ability (ITPA) (CA 2-10)
- Screening Test of Auditory Perception (STAP) (CA 7-13)
- Lindamood Auditory Conceptualizations Test (CA preschool to adult)

Motor Development
- Purdue Perceptual-Motor Survey (CA 5-10)
- Vallett Psychoeducational Evaluation of Basic Learning Abilities (selected sections) (CA 6-12)
- Lincoln-Oseretsky

Language Development
- Boehm Test of Basic Concepts (CA K-2, English/Spanish)
- Assessment of Children's Language Comprehension (CA K-2)
- Brown Language Sample (K-3)
- Peabody Picture Vocabulary Test (Spanish/English) (CA 2-adult)
- Illinois Test of Psycholinguistic Ability (ITPA) (CA 2-10)
- Detroit Test of Learning Aptitude-appropriate subtests (CA 3-19)
- Basic Concept Inventory
- Kindergarten Evaluation of Learning Potential (KELP)
- Metropolitan Readiness Test
- School Readiness Scales (Ilg and Ames)
- The Anton Brenner Gestalt Test of School Readiness
- Screening Tests for Identifying Children with Specific Language Disability (Slingerland)

continued

I:4 continued

Gates Reading Survey
Gilmore Oral Reading Test
Durrell Analysis of Reading Difficulty
Spache Diagnostic Reading Scales
McKee Inventory of Phonetic Skill
Dolch Basic Sight Vocabulary Test
Reading-Diagnosis SRA
Informal Dominance Inventory
Hanis Test of Laterality (CA 6-12)
Fountain Valley Tests for Phonetic Skills
Individualized Study Units in Arithmetic (Holt)
Arithmetic-Diagnosis SRA
Key Math
Basic Educational Skills Inventory

I: LEARNING DISABILITIES
5: Criteria for Determining Eligibility

A review of the assessment data generally indicates intellectual functioning within the normal range.

Academic performance will be below the student's expected functioning level in one or more academic areas and at 75% or less of expectancy according to chronological age due to deficits in one or more of the following areas:

- visual perception;
- auditory perception;
- motor development;
- language development.

Deviation is measured in relationship to a student's own expectancy and the norm of his peer group based on state and local testing results. More specifically if he scores two-years-below grade level on an achievement test and the normative data or performance level of his class or school is similar, the student does not show a deviation from his peers. Also, if the student displays a pattern on a language examination which may be indicative of learning disability, but the pattern is similar to other students with a bilingual background, the student does not deviate from the norm of his peers. The deviation must be significantly greater than his peers to be considered a learning disability.

It is important that the examiner interpret the effect of ethnic, socio-economic dependency and bilingualism on assessment performance.

continued

I:5 continued

Educational assessment should substantiate evidence of a dificit or deficits in one or more of the basic psychological learning processes of sensory processing, intersensory integration and/or concept formation.

It should be determined through diagnosis and assessment whether the deficit or discrepancies noted are due to a process deficit, that is, problems associated with the child's psychological learning processes and/or a system deficit (included in the term system deficit are factors such as poor teaching, environmental deprivation, excessive absenteeism, illness, etc.).

Data from tests administered for the purpose of obtaining an academic skills diagnosis (PIAT, Key Math, Durrell Analysis of Reading Difficulty, Woodcock Reading, Spache Test of Diagnostic Reading Skills, Criterion Reading, Gilmore Reading Test, Prescriptive Math Inventory, Slingerland, etc.) should reveal discrepancy between expected and actual performance.

Data from tests administered for the purposes of obtaining a learning process diagnosis (Bender Gestalt, ITPA, Detroit Test of Learning Aptitudes, Purdue Perceptual Inventory, VMI, Frostig, Wepman, Goldman-Fristoe-Woodcock Auditory Discrimination, Slingerland, etc.) should support or substantiate evidence of deficit in one or more of the basic psychological learning processes.

When screening for disclaimers, the deficit or deficits noted should not be primarily due to lowered intelligence, sensory deficit, or emotional disturbance, or environmental disadvantage. Vocabulary, general information, tests of grammar closure, syntax screening tests, and the Myklebust Picture Story Language Test are sensitive to lowered performance due to environmental disadvantage.

Learning disabilities associated with academic disorders will reveal deficits in listening, thinking, talking, reading, writing, spelling or arithmetic. Based on a student's Expectancy Age (E.A.), academic disorders will be identified by a score in the lower 10th percentile in one or more of the following areas, as measured by a standardized test:

reading;
writing;
arithmetic;
spelling;
prerequisite skills.

This criterion identified those children who have disorders in academic areas as stated above. The figure of 10% is used as a starting point since this is considered <u>severe</u> by most standards. It may be amended. Prerequisite skills does not mean process skills, but rather pre-academic skills such as recognizing letter names, understanding right-left concepts, etc. It is included in order to identify the child with a

continued

I:5 continued

learning disability prior to development of reading, writing, arithmetic, and spelling skills.

In the event of emotional disturbance as an overlay to a learning disability, in those cases when a child's emotional disturbance is so severe that a total affective program is necessary, he should not be considered for learning disability placement.

A criterion of minus 2 standard deviations or below on standardized tests which measure basic psychological processes (visual processing, auditory processing, haptic processing, language, sensory integration) should screen out the child who is a slow learner or culturally different but who does not have a learning disability. It covers the process disorder which is the underlying concept of the field, the differentiating factor, the reason for a child's failure. The figure of minus 2 standard deviations or below is considered severe and will identify about 2.5% in any area. It will, however, exclude the child with multiple borderline deficits and could be amended to read: a deficit of minus 2 standard deviations or below in any one area or three or more areas below 1.5 standard deviations.

The formula for Expectancy Age is as follows: $EA = \frac{2MA + CA}{3}$

This formula is taken from Harris (1970)[5] and is used to exlude the slow learning child who, if based on chronological age, would be expected to score well below the norm. Thus, the child is theoretically being measured against his potential, not his age. Conversely, this will allow identification of the child who is gifted and performing at grade or age level. Using the child's E.A., it may be found that he is actually performing poorly according to his potential.

[5]Albert Harris. How to Increase Reading Ability, 4th Edition, New York, David McKay, 1961: 5th Edition 1970: pp.212-214.

FACTOR	PROGRAM LEVEL			
Severity Learning process deficit level	A 50-75% of expectancy	B 50-75% of expectancy	C 25-50% of expectancy	D 25%or less of expectancy
General intelligence	-1SD or above	-1SD or above	above MR level	above MR level
Individual attention required	25%or less	25-50%	25-50%	over 50%
Achievement Academic	50-75% of expectancy	50-75% of expectancy	25-50% of expectancy	25%or less of expectancy
Success with regular program	85-100%	65-85%	25-65%	25% or less
Diagnostician recommendation	A	B	C	D

Fig.2 Program selection guide for students with learning disabilities. (From New Mexico's model for placement dependent on severity level of the handicap.)

Program A: Resource Teacher. Teacher:pupil ratio 1:18-30

The learning disabled student's needs are such that he does not require a basic modification of the regular curriculum but needs support and backup. Emphasis is on the involvement of the regular classroom teacher as the major vehicle for the remediation process. The role of the itinerant resource teacher is to utilize special skills to perform the educational evaluation, select a target behavior for remediation, implement the program, and then integrate the program or strategies into the regular class. The itinerant resource teacher does little tutoring, but provides consultation, assistance and constant evaluation of the student's progress, and alters the program accordingly.

Program B: Resource Room. Teacher:pupil ratio 1:15-24

The learning disabled student's specific learning needs are such that he does not require a basic modification of the regular curriculum but does need additional intensive, remedial and supportive assistance outside the classroom. Emphasis is on the involvement of the resource teacher as the major vehicle for the remediation process. The student is segregated from the regular classroom for a portion of the time and there is direct tutoring by the resource room teacher, either individually or in a small group. The remediation process should utilize the information gained from the evaluation procedures, and should complement the learning activities in the regular classroom.

continued

I:6 continued

Program C: Self-Contained Classroom. Teacher:pupil ratio 1:10-15

The learning disabled student's specific learning needs are such that content, methods and/or pacing in the regular classroom are inappropriate and must be modified. In this situation the student's specific learning problems are so severe that he cannot tolerate or function within the regular class setting. The special class teacher focuses on remediating specific disabilities of the child, which may be inconsistent with learning activities of his peers within the regular classroom. The student has the structure and security of more individual attention than is possible in a regular classroom or in a resource room. Emphasis should also be on the student's emotional and social adjustment, with continual effort to remediate academic skills for eventual placement closer to the mainstream of regular education. A minimum of half the school day is spent in the program.

Program D: Teacher:pupil ratio 1:4-8

The learning disabled student's learning difficulties are so significant that he cannot function effectively in a larger class program. Communication skills and/or behavior management are program focuses along with intensive remediation of specific deficits.

Unique Program Requirements

Goals

Stabilize a student's self-concept and personal worth.

Provide instructional strategies pertinent to each student's learning style.

Emphasize the modality through which the student learns best and strengthen the weaker modality.

Demonstrate an appropriate educational plan for the remediation of the specific disability.

Facilities

The room shall have good sound properties, be well lighted, have adequate bulletin and chalk boards and have enclosed storage space to accommodate all materials and equipment.

There shall be appropriate group/team/individual stations which provide learning activities for specific learning disabilities.

Materials and equipment

Multi-sensory materials based on developmental levels and readiness for learning.

Multiple selection of materials and media shall be available to provide for a variety of learning styles.

Where a child needs services from more than one specialist, e.g., speech and LD specialists, a team effort should be employed in providing services.

The variety of placement options should be extended to the preschool level.

continued

I:6 continued

In the event the best ultimate placement for the child is not available at the LEA level, the team will make placement decisions and programming decisions based upon the available resources within the school (community, region, etc.) and the openings in them. These placements may not be within special education at all times.

If the team must place in a program that is not optimum, their professional responsibility is to attempt to provide or access these appropriate services.

II. BEHAVIORAL DISORDERS
1. Definitions

Within the educational setting, the behaviorally disordered child is one whose behavior may be discordant in his relationships with others and/or whose academic achievement may be impaired due to an inability to learn utilizing the presented teaching techniques. The child's current behavior manifests either an extreme or persistent failure to adapt and function intellectually, emotionally, or socially at a level commensurate with his or her chronological age.

Behaviorally disordered children are those whose emotional condition is medically and/or psychologically determined to be such that they cannot be adequately and safely educated in the regular classes of the public schools without the provisions of special services.

Children who have developed a disabling behavior pattern of some duration which has interfered with normal social and academic progress (and who have a reasonable prognosis for developing acceptable behavior). The pupil must have displayed classroom behavior of serious concern to the teacher, children, and other appropriate personnel. This behavior reflects an intensive pattern of some duration and is not a reaction to an immediate situation.

II. BEHAVIORAL DISORDERS
2. Referral Characteristics

One or more of the following may be observed:

Behavioral
- Inability to learn when all other factors appear to be normal;
- Inability to form and maintain satisfactory peer and teacher relationships;
- Presence of physical complaints without accompanying physical condition;
- Pervasive moods of unhappiness or depression;
- Immature or inappropriate types of behavior or feelings under normal conditions;
- Behavior which is disruptive of his own or others' learning in the regular educational program.

Physical
- Gross and fine motor skills within the average range for the chronological age level;
- Higher than average frequency of headaches, stomach aches or other physical complaints which might be related to emotional stress.

continued

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II:2 continued

Devlopmental speech and language

Language structure and vocabulary usually within the average range, although there may be accompanying organic or anatomical defects, or marked delay in language development or an absence of language, or "bizarre" language behavior which is highly inappropriate to the environmental situation.

Intellectual ability and school achievement

Intellectual level tends to be normally distributed; however, child may score lower on an idividual intelligence test than what would be expected from general observation of the child;

Varying academic achievement according to the degree of severity of the handicapping condition, average or above grade level for many children; typically below grade level for more severely disordered children;

The emotionally handicapped child is usually average or above in intelligence but may not demonstrate his ability on group intelligence tests or in the regular classroom setting; may exhibit behavior indicating disturbance. This child may be agressive and disturbed or withdrawn and passive.

Child is not functioning effectively or adequately in:

Tasks, i.e.,
- works--no product;
- despite best efforts of teacher, not able to teach to read;
- works better with a one-to-one relationship;
- works better in a smaller classroom;
- cannot be motivated;
- cannot do homework;
- does not attend.

Age-appropriate behaviors, i.e.,
- not talking;
- not communicating;
- no speech.

Child displays the following conduct disorders: fighting, spitting, swearing, tantrums, crying, fearful, tunes out, out-of-seat, restless, gets sick, refuses to respond, does not talk, runs away, bites, steals, lies, sets fires, enuretic, encopretic, destructive, smokes and takes drugs, truant, sexually plays with self and others.

Clusters of indicators falling into the language, affective, and social-emotional areas. These may or may not include academic behaviors.

Frequency and duration are paramount concerns in determining validity of delineated behaviors.

II: BEHAVIORAL DISORDERS
3: Diagnostic Strategies

Home language dominance determination and measure of proficiency.
Vision and hearing screening
Behavioral measures.
Social History (includes family, medical and educational information, with attention to factors in development most affecting behavior, and community data, e.g., courts, clinics, etc.)
Intellectual and educational assessment by qualified personnel, including:
- individual intelligence test;
- individually administered achievement test.

Perceptual motor test.
Measure of nonschool adaptive behavior.
Determination of the incentive-motivational style unique to the student.
Behavioral observation.
Other tests to screen for disclaimers.

II: BEHAVIORAL DISORDERS
4: Assessment Instruments

Individual Intelligence Tests
- Wechsler-Intelligence Scales
- Stanford-Binet Intelligence Test
- Leiter International Performance Scale

Achievement Tests
- Peabody Individual Achievement Test
- Wide Range Achievement Test

Perceptual-Motor Tests
- Bender-Gestalt (Koppitz Scoring)
- Human Figure Drawing (Koppitz Scoring)

Developmental Scales
- Bayley Scales
- Gesell Developmental
- Denver Developmental

Behavioral Measures
- Myklebust's Pupil Rating Scale
- Peterson-Quay Behavior Problem Checklist
- Kroth's Target Behavior
- Bower Behavior Rating Scale

continued

II:4 continued

Maturity
Vineland Social Maturity Scale
Self-Concept Checklist

Personality
Any objectively scored test on personality

Informal Behavior Observation
(The intent of this level of assessment is to provide a precise data-based description of the behavior patterns of concern. The general procedure will be to collect systematic data from direct observation of the child in the environmental situations in which the behaviors of concern occur. The observations should result in:
a clear description of the behavior pattern(s) of concern;
a measure of the frequency of occurrence of the behavior in terms of times per minute, hour, day, etc.;
an indication of the intensity of the behavior pattern, i.e., how extreme the behavior is relative to the peer group.

II: BEHAVIORAL DISORDERS
5: Criteria for Determining Eligibility

An evaluation by one or more of the following is required before candidate may be placed in program for the behaviorally disordered student:
approved school psychologist;
licensed psychologist;
licensed psychiatrist.

A written comprehensive intellectual assessment revealing no significant deficits in intellectual functioning.

A written comprehensive educational assessment revealing the student's academic strengths that could be used as positive factors in the educational program, including such information as special capabilities for learning, special skills, and abilities, and positive methods of adaptation which may be used by the school for program planning.

Significant identifiable emotionally or behaviorally disordered children must manifest one or more of the following behavioral characteristics:
behavior which is disruptive to the learning process of other students and/or himself in the regular classroom over an extended period of time;
extreme withdrawal from social interaction in the school environment over an extended period of time;
manifestation of symptoms characterized by diagnostic labels such as psychosis, schizophrenia or autism.

continued

II:5 continued

The child's current behavior manifests either an extreme or a persistent failure to adapt and function intellectually, emotionally or socially at a level commensurate with his or her chronological age.

In general, a child may be considered to be behaviorally disordered even if he is mentally handicapped, hearing impaired, vision impaired, physically handicapped, learning disabled, or gifted. However, the child should usually be considered in terms of the primary handicapping condition and provided a special education program accordingly.

Problem behaviors must be an intensive pattern of some duration, not a reaction to an immediate situation.

Where behavior disorders and learning disabilities overlap in a child, there needs to be a period of diagnostic teaching and observation in order to differentiate the two. Suggested period is about two weeks.

Children with identifiable behavioral disorders tend to show greater fluctuations in behavior relapse, and do not show consistent learning gains.

II: BEHAVIORAL DISORDERS
6: Program Interventions

FACTOR	PROGRAM LEVEL A	B	C	D
Severity Individual attention required of teacher	25% or less	25%-50%	25%-50%	over 50%
Psychiatric/psychological evaluation				Recommendation
Achievement Academic	75%-100%	50%-75%	50%-75%	50% or less
Success with regular program	85%-100%	65%-85%	25%-65%	25% or less
Diagnostician recommendation	A	B	C	D

Fig. 3. Program selection guide for students with behavioral disorders.
(From New Mexico's model for placement dependent on severity level of the handicap.)

continued

II:6 continued

Program Provisions

Program A: Resource Teacher. Teacher:pupil ratio 1:18-35
This level is appropriate for a student who is achieving at or near grade level. Behavioral patterns which interfere with his or other children's progress, within the regular education program, will be modified directly within the context of the regular classroom. This will typically involve a schedule of contingency management developed by an itinerant resource teacher and implemented by the regular teacher.

Program B: Resource Room. Teacher:pupil ratio 1:15-30
This level is appropriate for a student who displays behavioral patterns which interfere with his or others' learning, and who is significantly behind in one or more areas of academic achievement. Student will be given individualized instructional assistance in areas of academic difficulty in a resource room setting and managed in the regular class by a behavior contingency program developed by the resource room teacher.

Program C: Teacher:pupil ratio 1:10-15
This level is appropriate for the student who displays behaviors which interfere with his or others' learning and whose special learning needs are such that methods and/or pacing in the regular classroom must be modified. A formal structured setting is needed for the implementation of a behavior contingency program. However, integration into the regular program is increased as the student's ability to cope outside the structured environment is increased.

Program D: Teacher:pupil ratio 1:4-8
The student shows behavioral patterns which interfere with his or others' learning and are so extreme or persistent that a large amount of individual attention is required and isolation from other children is necessary. The student may exhibit behaviors highly disruptive to himself or others. A tightly structured behavior management program is necessary in all areas of academic and social functioning.

Unique Program Requirements

Goals

Through educational intervention strategies, eliminate or establish behavior to maximize academic achievement and adaptation to the regular classroom environment.

Facilities for C and D level programs

Accoustically treated so that noise level can be adequately controlled;
private toilet facilities;
individual learning stations;
isolation area;

continued

II:6 continued

assessibility to emergency assistance.

Materials and equipment

a wide variety of instructional materials with a strong emphasis on materials with a programmed or self-instructional format shall be provided;

supplies usable for motivating students shall be available;

enclosed facilities for storage, e.g., food, equipment, utensils, shall be available.

The goal of treatment should not be limited to school behaviors. Therapy beyond academic remediation should include any/all of the following: play therapy, group therapy, psychotherapy, behavioral therapy, family therapy.

When a confusion exists between learning disabilities and behavioral disorders, there needs to be a period of diagnostic teaching and observation in order to differentiate the two. Suggested period is about two weeks. In order to do this, a funding base for assessment purposes as well as to cover periods of observation needs to be established.

Public schools lack appropriate planned programs to work with children with problems in the severe range; this leads to the necessity of purchasing services outside the public school sector. When services are purchased, the district has the responsibility to see that these services are monitored and provided to necessary school personnel. When services are not available in-school, the school has the responsibility for providing them elsewhere or cooperatively with other agencies.

There is a need for programs to be expanded to include preschool, as well as behavioral information beyond the classroom (family, community, etc.).

The qualification in some state definitions about "reasonable prognosis for developing acceptable behavior" should be rejected.

Children with severe emotionally disabling handicaps need a period of time in a self-contained placement.

When a child is placed in a less restrictive placement (resource room, regular classroom), behavioral goals should be set for dealing with the emotional problem.

Currently there is a lack of guidelines governing in-depth work on the child's psychological problem within the public school sector.

Need a more effective monitoring apparatus, preschool through all grades, until the child is successfully reintegrated. There is a tendency to refer the child and give administrative responsibility to the accepting agency or class, which leads to tracking problems.

There should be a contractual agreement drawn up prior to the child's placement in a program (prescription, treatment plan, evaluation, outcome objectives) so children and parents will know what to expect. This would avoid the problem of these children in resource placements

continued

II:6 continued

who get academic remediation only. Currently, programs are better and more responsive in the academic remediation; there is a need for this academic remediation to be self-enhancing--a bridge between academic remediation and therapy.

There is a problem with bridging between environments, getting the children back into the regular class in incremental stages. This problem is particularly acute with "system failure" type children.

When a behaviorally disordered child is in a resource-type placement, the resource teacher needs a great deal of ancillary support to help her maintain the child there--psychologists, consultant teachers, etc.

The behaviorally disturbed child should be the responsibility of a multidisciplinary team. The teacher who is assigned the child should have colleagueship with another teacher or member of the team on a systematic basis.

When provision is made for a class of behaviorally disturbed children, they need to be brought in a few at a time. The teacher should not be given the whole group at once. There needs to be a way to evaluate the "mix" of behaviorally disturbed children in the same class. Some are compatible, some are not. A trained observer is needed to do this.

The school or district must consider teacher competencies and skills in assigning responsibility for these children--not merely the teacher's certificate. Teacher skills need to be viewed against contingencies of the program.

III: SLOW LEARNER
1: Definitions

A slow learner is a child whose intelligence falls within a range of two standard deviations below the mean and whose academic achievement, while markedly below his peers, is appropriate based on his own intellectual expectancy. Generally, his lower performance is consistent across areas with no significant strength/weakness discrepancies. His lower performance is not primarily the result of handicapping conditions or lack of opportunity with the English language.

III: SLOW LEARNER
2: Referral Characteristics

Consistently low achievement, in comparison to peers and over an extended period of time;
Difficulty with conceptualization and abstract thinking;
Limited vocabulary and low verbal/expressive ability;
Poor adaptive behavior;
Present time orientation;
Poor self-concept;
Easily influenced and led by others;
Inappropriate social behavior.

III: SLOW LEARNER
3: Diagnostic Strategies

Home language dominance determination and measure of proficiency;
Vision/hearing screening;
Social History (includes family, medical, and educational information);
Intellectual and educational assessment by qualified personnel, including:
- individual intelligence test;
- individually administered achievement tests;
- other supportive diagnostic tests.

III: SLOW LEARNER
4: Assessment Instruments

Individual Intelligence Tests
- Wechsler Intelligence Scale
- Stanford-Binet Intelligence Test
- Leiter International Performance Scale

Achievement Tests
- Bender Gestalt (Koppitz Scoring)
- Human Figure Drawing (Koppitz Scoring)

Maturity
- Self-Concept Checklist

III: SLOW LEARNER
5: Criteria for Determining Eligibility

Child scores academically behind grade expectancies, but at a level commensurate with his abilities and intelligence.
IQ falls within minus two standard deviations of the mean.
Performance is consistent across areas, with no marked strength/weakness discrepancies.
Learning problems are not primarily the result of handicaps, nor lack of opportunity to learn.
Flat diagnostic profile as opposed to scatter.
No visual or perceptual abnormalities.
Hearing within normal range.

III: SLOW LEARNER
6: Program Interventions

Special education is not an appropriate placement for a child determined to be a slow learner.
The responsibility for the slow learner is that of regular education in the regular classroom. However, the regular teacher may need assistance in curriculum adaptation and/or pacing. Generally, if the curriculum and instructional methodology are adapted to fit the child's need, he is not an appropriate remedial reading or compensatory education (i.e., tutorial) placement.
Consideration and planning should be given to vocational orientation for this child's program.

IV: CULTURALLY/LINGUISTICALLY DIFFERENT
1: Definitions

A child who is "having trouble with the English language" is one whose primary language is other than that which is predominant in the educational milieu (English) and who is, thus, experiencing learning problems caused by lack of language proficiency. These problems may or may not occur in conjunction with some "handicapping" condition or with lack of opportunity to learn but it is identifiable that academic performance is significantly lowered by lack of language proficiency which must be attended to in the design of any instructional program.

IV: CULTURALLY/LINGUISTICALLY DIFFERENT
2: Referral Characteristics

Academic underachievement;
Lack of fluency in English and/or other language, i.e., limited vocabulary, low verbal expressive ability;
Oral structural differences between spoken language and English;
Poor self-concept;
Inappropriate affective, adaptive, social behavior;
Does not follow instructions, fails to attend.

IV: CULTURALLY/LINGUISTICALLY DIFFERENT
3: Diagnostic Strategies

The primary language of the child should be determined early in the referral process.
The key diagnostic strategy involved with this group of children is assessment and not just testing. Assessment in this context includes the administration of traditional test instruments but goes far beyond this. Because there is a lack of standardized test instruments available for use with multicultural children, traditional test instruments that have been developed for the Anglo child can be used with sufficient modification and adjustment, including nonstandardized procedure, to give the bicultural/bilingual child a fair assessment.

continued

IV:3 continued

In addition, assessment should occur outside the testing situation in a variety of environments using a variety of strategies. The bicultural child should be assessed in both the school (academic and nonacademic) and nonschool environments using such measures as adaptive behavior scales and informal "check tests." These procedures can be conducted by both paraprofessional and professional personnel.

A critical aspect in any diagnostic strategy applied to bicultural children is professional judgment. Experienced professional personnel can use their judgment to arrive at a more accurate picture of the child and his abilities and disabilities than can traditional test instruments alone.

Observation in the classroom and working with the child's teacher and parents are also considered critical along with working with the child himself. Neo-Piagetian means or methods of assessment are being developed and seem to hold the greatest promise for the accurate assessment of bilingual/bicultural children.

Vision and hearing screening, medical information and a social history are also necessary to round out the picture.

Assessment personnel should ideally be able to speak the primary language of the child. Lacking this, using an interpreter or noting phrases used by the child and checking with one who speaks the language are alternatives.

IV: CULTURALLY/LINGUISTICALLY DIFFERENT
4: Assessment Instruments

Language Dominance and Proficiency Instruments

- Home Language Preference Questionnaire (Cultural Awareness Center, Trilingual Institute)
- Student Language Preference Questionnaire (Cultural Awareness Center, Trilingual Institute)
- James Language Dominance Scale
- Language Dominance Scale for Navajo (Dr. Max Luft)
- The El Paso Public Schools Oral Language Dominance Measure
- Bilingual Syntax Measure (Mariana Burt, et al)
- Spanish-English Language Dominance Test (Spolsky, et al)
- Navajo-English Dominance Interview (Spolsky, et al)
- Skoczylas Bilingual Tests and Measures
  - The English Phonemic Unit Production Test
  - The Spanish Phonemic Unit Production Test
  - The Home Bilingual Usage Estimate

continued

IV:4 continued

Oral English Proficiency Test (Steve Moreno)
Oral Spanish Proficiency Test (Steve Moreno)
The Quick Language Assessment Inventory (Steve Moreno)

Intellectual and Academic Achievement Tests

Traditional intellectual assessment instruments administered in a modified and nonstandardized manner
Nonverbal or performance measures such as Hiskey-Nebraska, Leiter International Performance Scale, Columbia Mental Maturity, Raven Progressive Matrices or the Wechsler Performance Scales
Spanish WISC
Informal translation of the WISC into Mexican Spanish (Guillermo Blanco)
Torrance Test of Creative Thinking
Stallings Environmentally Based Screen (Clifford Stallings)
BITCH Test
Spanish Writing Proficiency Test
Shaw-Hieli Math Test
Translations of Group School Achievement Tests

Adaptive Behavior Scales

Mercer Adaptive Behavior Scales
AAMD Adaptive Behavior Inventory

IV: CULTURALLY/LINGUISTICALLY DIFFERENT
5: Criteria for Determining Eligibility

If a child's primary language is determined to be other than English, a school district shall follow one or more of the listed procedures for evaluating a child for possible placement in a special education program:

Use a psychologist fluent in both the child's primary language and English.
Use an interpreter to assist the psychologist both with language and testing.
Use test instruments which do not stress spoken language and which are considered valid and reliable performance measures of intellectual functioning.

Test data will reveal lack of fluency in English and/or other language, limited vocabulary, low verbal expressive ability, oral structural differences between spoken language and English.

Deficiency in English will result in poor academic performance.

Child will display affective or emotionally deviant behavior associated with acculturation process.

IV: CULTURALLY/LINGUISTICALLY DIFFERENT
6: Program Interventions

Children from culturally or linguistically different backgrounds whose primary problem in school has been shown to be due to lack of proficiency with the English language are not the responsibility of special education. Special education does not have prime responsibility for dealing with this language problem.

Such children need bilingual and ESL (English as Second Language) assistance from K through 12.

Such students need to be identified early through screening and teacher referral. Further diagnosis should pinpoint strengths and weaknesses for instructional guidance.

Tutorial programs (teacher or aide) are appropriate.

Placement of a culturally or linguistically different child in appropriate special education program shall be based on evidence of accompanying handicap. Prior to such placement, (a) a description of the nature and content of the special program offered; (b) its prior effectiveness in benefiting children there assigned; and (c) the feasibility for the rate and time of return of children to regular classes shall be explained in the primary language of the home. Written permission for placement in the recommended special education program shall be obtained on a form in English and the primary language of the home. Such forms shall also contain notice in both English and in the primary language of the home of the right of the parent or guardian to request a review of the placement once each semester, and to withdraw consent for placement in classes for exceptional children.

V: ECONOMICALLY/ENVIRONMENTALLY DISADVANTAGED
1: Definitions

A child who is economically or environmentally disadvantaged is one who experiences learning problems demonstrated by low academic achievement and/or inappropriate behavior. As a result of an economic, social, or cultural environment he is deprived of or jeopardized in his opportunities for learning. The child may or may not also be "handicapped" or experiencing problems with the English language. However, instructional programs designed to deal effectively with the above problems will not be fully successful unless they also compensate for his deprivation of opportunity.

V: ECONOMICALLY/ENVIRONMENTALLY DISADVANTAGED
2: Referral Characteristics

Low academic achievement;
Limited vocabulary; low verbal/expressive ability;
Health problems, frequent sickness;
Poor attendance, transient;
Poor hygiene;
Limited understanding and knowledge of physical, geographic, and geometric aspects of the environment;
Visually oriented;
Poor self-concept;
Inappropriate (unacceptable) social, adaptive, or affective behavior.

V: ECONOMICALLY/ENVIRONMENTALLY DISADVANTAGED
3: Diagnostic Strategies

Home language dominance determination and measure of proficiency;
Vision/hearing and medical examination;
Home visitation and family interview;
Educational history;
Intellectual and educational assessment by qualified personnel, including:
individual intelligence test;

continued

V:3 continued:

individually administered achievement test;
other supportive diagnostic tests (especially general information and vocabulary).
Measure of self-concept.

V: ECONOMICALLY/ENVIRONMENTALLY DISADVANTAGED
4: Assessment Instruments

Standardized intelligence test
Standardized Achievement Tests
- Metropolitan Achievement Test
- Peabody Individual Achievement Test
- Wide Range Achievement Tests
- California Achievement Test Battery
- Stanford Achievement Test
- Criterion Referenced items
- Gates-McGinity

Informal diagnostic inventories and checklists
- Quay-Peterson Behavior Problem Checklist

Sensory evaluation: vision, hearing

V: ECONOMICALLY/ENVIRONMENTALLY DISADVANTAGED
5: Criteria for Determining Eligibility

Intelligence tests will indicate that the child's intelligence is within normal range, but with lowered verbal performance.
Child will score low on tests of general information due to lack of experience.
Speech and writing will show syntax problems.
Follow-up will confirm impoverishment in the family situation.
Everyday vocabulary/slang, dialect.

V: ECONOMICALLY/ENVIRONMENTALLY DISADVANTAGED
6: Program Interventions

Special education is not an appropriate placement for children whose primary difficulty in school has been shown to be due to environmental or economic disadvantage. These children should be placed in regular classes with remedial help.
Headstart programs for preschool are appropriate.
Title I programs are appropriate. These programs should be extended to include coordinated elementary and high school programs.
Emphasis should be on oral English language development for K-2.
Title I reading should be offered for grades 2-12.

Section D. Results of the Project

Synthesis Statements

Following the receipt of all information from the six states, the compilation subcommittee entered the information on the matrix and began to organize the more general recommendations into a form that would add depth to the items on the matrix and retain the wisdom generated across the region. The task force members in each state were either professional special educators or representatives of special education advocacy groups. Therefore, the information related to learning disabled and behaviorally disordered students is more comprehensive than that generated for the classes of students characterized as slow learners, culturally or linguistically different and economically or environmentally deprived. It is hoped that other educators with expertise in the areas of multicultural, multilingual, and compensatory education would add insight and comprehensiveness to these areas of the matrix.

The information received was restricted to five problem areas and to six dimensions of response. Given limited time and resources, a manageable amount of materials was solicited, received, and analyzed. The regional task force encourages exploration of other dimensions of the problem; a later section of this report suggests other considerations which should be addressed before the effort can be viewed as complete.

Figure 4 (the fold-out sheet which follows) reflects a first attempt at simple synthesis of the large volume of raw data included in Section C. Following the synthesis are topical discussions of the six dimensions, with the implications each holds for children in the five groups.

Figure 4. Synthesis Statements

	1. Definitions	2. Referral Characteristics
I. Learning Disabilities	A learning disabled child is one who exhibits one or more specific deficits in the essential learning processes of perception, conceptualization, language, memory, and control of attention and impulse or motor function. Because of these deficits the child may exhibit significant difficulty in the reception, understanding, organization and/or expression of written and/or spoken language. A resultant discrepancy between expected and actual academic achievement is observable. These problems are not primarily the result of vision, hearing or physical handicaps, of mental retardation, of emotional problems, of the lack of opportunity to learn or of experience with the English language. (p. 13)	Behavioral characteristics which may be observed include: classroom disruption and disregard for others; inattention, distractibility, disorganization, in personal/academic effects, inappropriate affect, low tolerance level, poor self-concept and social relationships, problems in memory and time orientation. Physical characteristics which may be observed include: poor coordination and balance, directional confusion, hypo- or hyper-activity, equivocal neurological signs and EEG irregularities. Speech and language characteristics which may be observed include: difficulties in comprehension, organization and sequencing, poor grammar and syntax, echolalia and word substitutions. Intellectual functioning is usually within the normal range; however, disparities exist within the various intellectual functioning areas. Academic achievement indicates inconsistency and variability between expectancy and performance, e.g., information processing difficulties in the instructional modalities of haptic, visual, auditory and/or kinesthetic. (pp. 14-16)
II. Behavioral Disorders	Within the educational setting, the behaviorally disordered child is one whose behavior may be discordant in his relationships with others and/or whose academic achievement may be impaired due to an inability to learn utilizing the presented teaching techniques. The child's current behavior manifests either an extreme or persistent failure to adapt and function intellectually, emotionally, or socially at a level commensurate with the child's chronological age. (p. 27)	Behavioral characteristics which may be observed include: pervasive moods of unhappiness or depression; immature or inappropriate type of behavior under normal conditions; conduct disorders; may be aggressive and disturbed or withdrawn and passive. Speech and language characteristics include: language structure and vocalizing usually within normal range, although there may be accompanying organic or anatomical defects, or marked delay in language development or an absence of language, or "bizarre" language behavior which is highly inappropriate to the environmental situation. Intellectual functioning is usually average or above average in intelligence but he may not demonstrate his ability on tests or in the classroom. Child may score lower on an individual intelligence test than what would be expected from general observation of him. Academic achievement suggests he is not functioning adequately in academic-type tasks when all factors appear to be normal. (pp. 27-28)

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Fig. 4 Synthesis Statements

(continued)

	3. Diagnostic Strategies	4. Assessment Instruments
I. Learning Disabilities	(Utilize multidisciplinary team) Language Dominance and Proficiency Determination Vision and Hearing Screening Social History Psychological Assessment Academic Achievement Testing Consultation with Teachers Observation of the Child Child Interview Measure of learning process functioning, e.g., visual and auditory perception, motor and language development Classroom screening instruments and scales (p. 16)	See Section C, I:4, for list. (pp. 17-18)
II. Behavioral Disorders	(Utilize multidisciplinary team) Language Dominance and Proficiency Determination Vision and Hearing Screening Social History* Psychological Assessment** Academic Testing Consultation with Teachers Observation of the Child Child Interview Measure of Non-School Adaptive Behavior Perceptual-Motor Assessment *Social History includes family, medical and educational information, with attention to factors in development most affecting behavior and community data, e.g., courts, clinics, etc. **Psychological Assessment should include affective and behavioral measures (p. 29)	See Section C, II:4, for list. (pp. 29-30)

Fig. 4 Synthesis Statements (cont'd)

5. Criteria for Determining Eligibility	6. Program Interventions
Level of English language proficiency is not primary cause of the problem. Vision or hearing abnormality is not the primary cause of the problem. Intellectual functioning or potential is within the normal range and not more than two standard deviations below the mean. On standardized academic achievement tests scores in the lowest quartile (some requirements go below the 10th percentile). On learning process measures, a process deficit of minus two standard deviations in one area or minus one and one-half standard deviations in three or more areas (attempts should be made to verify these as process deficits and not problems due to failure in the educational system). (pp. 18-20)	A continuum of special education alternatives incorporating differential program options ranging from resource support systems for the regular classroom to part or full-time special class placement. The choice of which alternative is best for a given child at a given time is contingent upon the child's level of special need, from minimal to severe, and is determined on the basis of a reconciliation of several factors including: the child's intelligence level, his present achievement level as it relates to his expectancy, his level of learning process deficit, the amount of individual attention required, and the degree of success he is able to experience within the regular program. For children with moderate to severe special needs, a special teacher in a special class is the major vehicle for instruction. For children with milder special needs the regular classroom teacher and the regular curriculum are the focus of instructional process; the special teacher serves to support and backup regular education through specific remediation activities. (pp. 21-23)
Level of English language proficiency is not the primary cause of the problem nor is vision or hearing abnormality the primary cause of the problem. Intellectual functioning assessment shows no significant deficits. Child exhibits behavior which (a) is disruptive to the learning process of other students and/or himself over an extended period of time, (b) may be extremely withdrawn from social interaction in the school environment over an extended period of time, and/or (c) manifests symptoms characterized by diagnostic labels such as psychosis, schizophrenia and autism. (pp. 30-31)	A continuum of special education alternatives incorporating differential program options ranging from resource support systems for the regular classroom to part or full-time special class placement depending on the child's level of special need. Whether in a resource program or self-contained class, a multidisciplinary team approach to developing the program is needed. Programs should not be limited to working with school behaviors. Where public schools lack appropriate programs for children in the severe range and purchase services from outside the school system, they have a responsibility to monitor such services. (pp. 31-34)

I. Learning Disabilities

II. Behavioral Disorders

Fig. 4 Synthesis Statements (cont'd)

OR MAY BE

	1 Definitions	2 Referral Characteristics
III. Slow Learner	A slow learner is a child whose intellectual functioning or potential is below the mean but within the normal range (i.e., between one and two standard deviations below the mean). His academic achievement is below that of his peers (age or grade expectancy) but is consistent with his own intellectual capacity. Generally his performance is even across areas of functioning, with no significant strengths or weaknesses. His low performance is not primarily the result of handicapping conditions or lack of opportunity with the English language. (p. 37)	Behavioral characteristics which may be observed include: poor self-concept, inappropriate social behavior, easily influenced and led by others, poor adaptive behavior. Speech and language characteristics include: a limited vocabulary and a low verbal/expressive ability. Intellectual functioning is characterized by present-time orientation and difficulty with conceptualization and abstract thinking. Academic achievement is consistently low in comparison to peers and over an extended period of time. (p. 37)
IV. Culturally/Linguistically Different	A culturally/linguistically different child may experience learning problems because of either or both of these factors. Lack of proficiency in the predominant language of the educational milieu is usually the major source of learning difficulty but cultural differences in background may also contribute apart from language. These problems may or may not occur in conjunction with a handicapping condition or lack of opportunity but it is recognized that academic performance can be significantly lowered by these problems. (p. 41)	Behavioral characteristics which may be observed include: inattentiveness, poor self-concept, and inappropriate affective and adaptive/social behavior. Speech and language characteristics may include: oral structural differences between primary language and English, limited vocabulary, low verbal expressive ability and general lack of fluency in English and/or primary language. Intellectual functioning and potential is within the normal range but scores on standardized tests may be depressed for reasons other than those within the child. Academic achievement is usually lower than would be expected for the child's age and grade. (p. 41)
V. Econ./Environmentally Disadvantaged	An economically or environmentally disadvantaged child may experience learning problems and difficulty in achievement as a result of deprivations which jeopardize his opportunities for learning. These deprivations may occur in a number of physical and/or experiential areas. (p. 47)	Behavioral characteristics which may be observed include: poor self-concept and inappropriate (unacceptable) social, adaptive, or affective behavior. Physical characteristics may include: poor hygiene, frequent sickness and health problems. Speech and language characteristics may include: demonstrated difficulty through limited vocabulary and generally low verbal/expressive ability. Intellectual functioning is characterized by limited understanding and knowledge of the physical, geographic, and geometric properties of the environment and a general visually oriented approach. Academic achievement is generally low across all areas; learning proceeds best in the concrete. (p. 47)

Fig. 4 Synthesis Statements (cont'd)

	3. Diagnostic Strategies	4. Assessment Instruments
III. Slow Learner	(Utilize multidisciplinary team) Language Dominance and Proficiency Determination Vision and Hearing Screening Social History Psychological Assessment Academic Testing Consultation with Teachers Observation of the Child Child Interview (p. 37)	See Section C, III:4, for list. (p. 38)
IV. Culturally/Linguistically Different	(Utilize multidisciplinary team) Language Dominance & Proficiency Determination Vision and Hearing Screening Social History Psychological Assessment Academic Testing Consultation with Teachers Observation of the Child Child Interview Comparison of adaptive behaviors with cultural peers in educational setting Index of culturally/linguistically based learning expectations and style (pp. 41-42)	See Section C, IV:4, for list. (pp. 42-43)
V. Econ./Environmentally Disadvantaged	(Utilize multidisciplinary team) Language Dominance and Proficiency Determination Vision and Hearing Screening Social History* Psychological Assessment Academic Testing Consultation with Teachers Observation of the Child Child Interview Medical Examination Other Support Diagnostic Tests (general information, vocabulary) Measure of Self-Concept *Social History to include home visitation and family interview (pp. 47-48)	See Section C, V:4, for list. (p. 48)

Fig. 4 Synthesis Statements (cont'd)

	5. Criteria for Determining Eligibility	6. Program Interventions
III. Slow Learner	Level of English language proficiency is not the primary cause of the problem nor is vision or hearing abnormality. Intellectual functioning is no more than two standard deviations below the mean. The intratest profile is flat with no significant scatter. Achievement test scores are below age/grade expectancy but are at a level commensurate with intellectual expectancy. (p. 38)	In general, children in this category are not the responsibility of special education without evidence of an accompanying handicapping condition. Program interventions would include curriculum adaptation and/or pacing. Consideration should be given to vocationally orienting the program. (p. 38)
IV. Culturally/Linguistically Different	Language dominance is determined to be other than English. Assessment indicates that the child scores high when tested in the dominant language on equally difficult measures. Valid and reliable performance test (nonverbal) of intellectual functioning will fall within the normal range. Expressive vocabulary in the dominant language will fall within the expected range for age level as opposed to limited vocabulary, low-verbal expressive ability and/or oral structural differences in the child's English language performance. Vision or hearing abnormality is not primary cause of the problem. (p. 43)	In general, children in this category are not the responsibility of special education unless evidence of an accompanying handicapping condition is clear. Program interventions may include bilingual and English as a Second Language (ESL) programs. Tutorial assistance and programs offered under Title I are also appropriate. (p. 44)
V. Econ/Environmentally Disadvantaged	Level of English language proficiency is not the primary cause of the problem nor is vision or hearing abnormality. Intelligence test results will be within normal range or may fall below into high mentally retarded range as a result of depression in verbal proficiency and general information items. Thorough interest analysis and comparison are essential and, when weighed with other diagnostic information, should tell whether or not depressions relate to economic environmental circumstances. Achievement scores will be low, particularly on items requiring abstract reasoning. Speech and writing will reflect everyday, simplified or dialectic vocabulary and grammar syntax problems. (p. 48)	In general, children in this category are not the responsibility of special education unless evidence of an accompanying handicapping condition is clear. Program interventions would include Head Start and Title I programs where appropriate. Emphasis should be on oral English language development. (p. 49)

include

Discussion Overview

1. Definitions While the definitions of classes of children are not mutually exclusive nor totally restrictive, they do begin to establish identification processes. The commonality they share is that all speak to some type of intrachild and/or extrachild expectation versus performance discrepancies, yet each attempts to describe the specific nature of those discrepancies. The learning disabled child is identified in terms of actual deficits in learning process functioning which prohibit normal performance. The behaviorally disordered child is identified by discordant behaviors which interfere with normal performances. With the culturally and/or linguistically different and environmentally disadvantaged child, discrepancies are viewed as cues to developmental difficulties, general gaps, or gaps specific to language, which reduce the potential for normal functioning. The slow learner's functioning and general development are essentially normal but proceed at a slower pace than the functioning and development of others.

2. Referral Characteristics Across all categories there is uniformity in presenting referral characteristics in terms of problem classroom behaviors and poor school achievement. Most teachers are aware of problem behaviors and lack of achievement first and foremost, and single out these children through reference to the behavior and academic achievement of their normal peers.

However, the scope and type of behaviors noted as referral characteristics tend to differ with the categories. While children in all categories display inappropriate social behaviors, characteristics of learning disabled children also include such aspects as the child's motor coordination,

directionality, reversals, inversions, etc., which are not considered in the other groups. This difference extends into the child's language behavior as evidenced by recall and syntax problems. Perceptual-motor behavior is also singled out for observation, as well as equivocal neurological signs. Behaviorally disordered children also exhibit problem behaviors, but here frequency and duration become paramount concerns, with an emphasis on the chronic nature of these behaviors. Also, with behaviorally disordered children, the degree or seriousness of the behaviors in terms of peer relationships receive focus.

Related to school achievement, all groups are referred for low achievement problems. Typically, reading is a problem. Differences are that behaviorally disordered children may or may not be academic under-achievers, learning disabled children show wide scatter, typically having problems in some areas of academics and not in others, while slow learners show depressed performance in all areas, as do culturally/linguistically different children (due to lack of familiarity or proficiency with English).

With economically/environmentally disadvantaged children, the teacher should be sensitive to such factors as health problems, poor hygiene or other evidences of impoverishment not generally associated with children who have problems in the other areas.

In short, referral characteristics or descriptors do not alone differentiate these children, but emergent differences and cues to the core problem begin at the referral level.

3. Diagnostic Strategies The most remarkable similarity in diagnostic strategies is the degree of agreement on what is needed. All call for home language dominance determination, vision and hearing screening, some kind of behavioral screening instrument, social history, and intellectual and educational assessment. All call for an individual intelligence test, and a score of achievement measures. These emerged as accepted baseline procedures which every referred child needs. This is understandable, since on the basis of diagnostic information derived through use of these instruments, further diagnosis is made.

Learning disabled children require additional measurement in the area of psychological process functioning, and perceptual-motor type tests not called for in the other diagnostic approaches, while behaviorally disordered children need a much deeper level of observation (extending to family and community behavior) not called for in the other categories.

An interesting and very important part of the diagnostic strategy for behaviorally disordered and learning disabled children came in the diagnostic provision to "screen for disclaimers;" that is, to perform additional testing or interpretation of test results expressly to rule out the presence of other handicapping conditions. Tacitly understood in this approach is that these children may look very much alike to the teacher, and their problems may be misperceived as caused by mental retardation. The vision and hearing screening is also related to the "screen for disclaimers" approach.

In overview, the diagnostic strategies used for these children do not differ to any great degree. The corollary of this is that diagnosis and assessment after a child is referred are usually the responsibility of special education, and every child in essence seems to get the same initial diagnostic treatment, unless something in the referral has already provided a cue to the disability.

Another finding is that in all disability areas it was recommended that testing, diagnosis, placement, and program intervention should be the responsibility of a multidisciplinary diagnostic team. In the original form of the matrix, identification of "assessment personnel" was requested. The participants, in developing the overall plan, preferred that a team approach be specified throughout, so it was not necessary to list the individuals on the matrix. Typically, the team will contain the regular education or referring teacher, the special education teacher, the personnel charged with diagnosis and testing including the psychologist, diagnostician, etc., the parent of the child, and the building principal who, oftentimes is charged with the management and role responsibility for all other team members. The diagnostic team approach advocated by task force participants is related to the PL 94-142 requirement that an individualized written education program be developed for every handicapped child served, with this program to be designed with input from all principals in the child's educational environment.

4. Assessment Instruments Uniformity is shown in the preference for standardized, individually administered intelligence tests. The primary difference is that recognized tests which tap performance are preferred for

those children who have language problems. Further, the use of these tests is generally expanded to include their diagnostic use (various subtest differences, intertest performance comparison, etc.), not merely for a measure of intelligence as a global IQ score. Uniformity is also shown in the preference for the use of standardized achievement tests of all types in the academic areas of reading, math, etc. (The use of criterion-referenced assessment is discussed in Section E.)

A real difference is noted in the use of psychological functioning, learning-process-type and perceptual-motor-type measures with children suspected of having learning disabilities. This is a highly specialized area of assessment not generally pursued in the other areas.

Behaviorally disordered children require a much greater emphasis on in-depth, informal behavioral observation beyond the checklist and various adaptive behavior scales cited for use in the other areas.

5. Criteria for Determining Eligibility A key factor in determining eligibility in all disability areas was the weight and interpretation put upon the individually administered, standardized intelligence test. Learning disabled children should show average or above average intellectual functioning on the global score. This use of the IQ test is basically for the purpose of screening for the disclaimer that the lowered achievement is not due primarily to mental handicap and to differentiate the learning disabled child from the one who is educably mentally retarded. The diagnostic use of the standard intelligence test focuses on intra-individual differences or discrepancies which reveal an error pattern in the subtest performance

indicative of a process functioning deficit as opposed to a flat profile of slow learners or others.

The standardized intelligence test with behaviorally disordered children is also used to screen for the disclaimer of no significant deficits in intellectual functioning; or, in the event the child may be emotionally handicapped as well as mentally retarded, to determine placement priority in a program or curriculum specifically designed for the primary handicap. The diagnostic use of the test would focus on wide-error scatter without a pattern--that is, correct or incorrect responses which do not show a consistent pattern, or various atypical responses which indicate emotional disturbance or which seem to be a consequence of erratic attention patterns.

Slow learners would show a lowered IQ (within minus two standard deviations of the mean) with a flat diagnostic profile as opposed to one with wide-error scatter. A secondary use of the IQ would be to determine expected performance. In turn, the child's academic deficiencies would be used with the IQ data to determine whether the lowered academic performance is commensurate with the child's abilities and intelligence, although he may be academically behind grade expectancies.

The standard intelligence test used with culturally and/or linguistically different children is used for disclaimer purposes to determine whether the child's academic or behavioral problem is due to low familiarity with the English language or associated cultural factors, and not primarily retardation, learning disability or behavioral disturbance. As a consequence, there is an emphasis on using performance-type IQ tests to avoid

the high verbal distortion. In keeping with the legal demands that testing will not be racially nor culturally discriminatory, the task force strongly recommends administration of the test by an examiner fluent in the child's native language. Specifically, the test will look for limited vocabulary, low verbal-expressive ability, or oral structural differences in the child's English usage, while performance tests show average functioning.

For economically/environmentally disadvantaged children, the intelligence test is used and interpreted similarly to that of the culturally or linguistically different child. Particular attention is paid to general information type subtests and the vocabulary therein; the subtests and vocabulary must be sensitive to cultural or environmental conditions. The child should have average intellectual functioning in view of disproportionate difficulty in these items.

Lowered academic functioning is singled out in all disability areas as both a referral characteristic and as an area for assessment as part of the diagnostic workup. However, the emphasis or weight put upon academic assessment varies within the categories. Learning disabilities offer the most concrete guidelines in the area for determining eligibility. This activity centers upon quantifying the degree of deviation from expected performance viewed in relation to the norms of the child's peer group: 75% or less of expectancy in the area of visual perception, auditory perception, motor development or language development; two years below grade level on achievement tests based upon reference to local norms; 10th percentile or lower in standardized testing in the area of reading, writing, arithmetic,

spelling or prerequisite skills; minus two standard deviations or below on standardized tests which measure the basic psychological processes (visual processing, auditory processing, haptic processing, language, sensory integration). Besides determining the level at which to commence instruction, these assessment strategies are typically used to screen out slow learners or culturally deprived children who would not show such severe deficits and/or would not have marked discrepancies in the area of psychological processing. These same strategies attempt to screen out children whose lowered academic performance may be due to inadequacies within the system (poor teaching, etc.).

Behavioral disorders call for academic screening, but the purpose is not specifically for eligibility requirements. Various types of observation, both formal and informal, in the areas of psycho-social functioning take precedence over measures of lowered academic functioning--hence this is not a criterion.

Slow learners, culturally or linguistically different and economically or environmentally disadvantaged children all show depressed academic functioning. A skills diagnosis which yields the extent of the academic deficit is required for programming purposes, though not specifically for eligibility criteria. However, with slow learners, it is suspected that the academic assessment would show generally depressed performance across areas commensurate with expectation, whereas with children with second language and/or environmental problems, assessment in the areas of English language performance might be particularly sensitive areas of investigation.

Behavioral observation, both formal and informal, is part of the diagnostic strategies in all disability areas, though the data derived from this observation are used as a criterion for eligibility more for behaviorally disordered and economically/environmentally disadvantaged children. For behavioral disorders, the criterion is that the problem behavior must be observed to be of an intensive pattern of some duration. In addition, the observational component is required where the problems of behaviorally disordered and learning disabled children overlap, so that a period of diagnostic teaching and observation is needed to differentiate the two. For economically/environmentally disadvantaged children, it is suggested that followup observation should confirm lack of stimulation in the family situation.

6. Program Intervention When the diagnostic process determines that a child's problems in school are clearly due to the fact that the child is a slow learner, that the problems stem from a bicultural or a linguistically different family background, or are due to economic or environmental disadvantage, the child is not the responsibility of special education and should not be placed in a special education class. Supportive assistance becomes the responsibility of other educational programs such as a Title I, Compensatory Education, Headstart, English as a Second Language, etc. However, when the above conditions coexist with confirmed learning disabilities, behavioral disturbance or other handicapping conditions, such children are eligible for special education services.

Learning disabled and behaviorally disordered children are candidates for special education. The reader is referred to the matrix, (pages 21 and 31) for specific guidelines. Note that placement options are viewed in terms of the intensity of the remedial program necessary as it directly relates to the severity of the child's learning problems. The continuum is viewed in terms of varying teacher-pupil ratios and the amount of time in regular class. At the first or mildest level, the regular classroom and the regular teacher are backed-up by support of the itinerant specialist who provides consultation, assistance to the teacher and periodic evaluation of the child (with resultant program change or modification). The child is not removed from the regular class; hence the teacher-pupil ratio can be as high as in the regular class. The second level (typically referred to as a resource room placement) removes the child from the regular class for a period of time for intensive remedial and supportive assistance outside the regular classroom, with the special or resource teacher having a direct teaching function with the child. The third level is traditionally referred to as a self-contained placement. These children need a modified curriculum and special teaching strategies (including behavioral management) at least half-time. Such children cannot function in nor tolerate the regular class full-time although some integration may be possible. Such classes would have a recommended teacher-pupil ratio around 1:10-15. The last option in the continuum, for only the most severely impaired children, is also self-contained, but requires a significantly reduced teacher-pupil ratio, 1:4-8.

Section E. Considerations for Further Study

The synthesis statements (fold-out sheet) and the discussion of the six dimensions of the matrix summarize the task force findings. During the course of the regional task force's work, however, certain issues and concepts surfaced which should be emphasized. Presenting these issues will, hopefully, give some measure of feeling for the struggles and process problems experienced by the participants. Additionally, these issues should provide impetus for further thoughts and potential follow-up efforts. The topics discussed in this section are:

Need

Regular Education and Special Education

Learning Disabled and Behaviorally Disordered

System Failure and Process Failure

Norm-Referenced and Criterion-Referenced Assessments

Culturally and/or Linguistically Different

Education and the Community

Need

This task force represented a regional response to a growing national concern. Many state legislators are carefully examining the problems presented by the large numbers of children who are being identified as needing special education services. States have been passing mandatory special education laws at a rapid rate. In many instances, passage of such legislation has occurred without full realization of the implications in terms of the numbers of children involved and the dollars needed. Recently, many

states have discovered that the cost of special education has proliferated out of proportion to previous estimates. Because of this, and because of other budget problems, states are being forced to take a close look at all facets of government spending, including special education.

It is hoped that this document will serve as a major step in examining this problem and will help state education agencies and local school districts differentiate more carefully between children who are, and children who are not, the responsibility of special education.

Regular Education and Special Education

The concern of the states in Region 3 about the role and costs of special education led to the establishment of this regional task force. Out of this concern, questions arise about the interface between special and regular education; these questions express a need to examine the issue of where regular education ends and special education begins. These two areas--regular and special education--have developed and expanded in relative isolation from one another with many regular educators voicing concern that proliferating special education costs are siphoning away funds from regular programs.

Related to this is increased awareness of the necessity for the identification and delineation of the respective roles and responsibilities of special and regular education in serving children who are having difficulty in school. In an informal and unpublished study in one state in Region 3, it was determined that forty percent of the children in school were having difficulty to the extent of needing some type of professional supportive services; special education in this state was serving between twelve and seventeen

percent of the children which left more than twenty percent of the children with problems who were not receiving any special education.

In special education's attempt to define itself, there has been a tendency to also prescribe by exclusion the role of general education. This means that special education has made decisions about children who are and who are not its responsibility without the firm participation of regular education. Confusion about who should serve the mildly handicapped can cause conflict between regular and special education personnel. A strong feeling prevailed among the task force members that it is outside the responsibility of special education to determine the role of general education, thus suggesting the need for intensive intercourse between these two areas on both theoretical and applied levels.

The need to keep handicapped children in the mainstream of education as much as possible has been articulated by many states and by the federal government. Exemplifying the growing trend toward mainstreaming is the requirement in recent federal legislation of the "least restrictive alternative" placement. In regard to this requirement, PL 94-142 states that local districts and states must establish

> . . . procedures to assure that, to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (Sec. 612 (5) (B)).

In the overlapping roles of general and special education relative to "mainstreaming" children, the strategies, techniques, approaches and materials that are developed by special education have excellent applicability. In-service training of regular teachers and direct supportive services should be conducted toward this end and, at least partially through this process, regular educators should be able to deal effectively with mildly and moderately handicapped children in all categories. This would then leave a relatively small percentage of children composed of the more severely handicapped to be served in an intensive way by highly specialized special education personnel. Even then, such children should be integrated as much as possible into regular programs.

In addition to the above suggestions, the task force would recommend that school districts catalog their present specialized services in both the special and regular education arenas. Needed services should then be identified, and when educational programming intervention or modification decisions are made about children with difficulties, the entire range of resources or interventions can be considered in service to a particular child. If the resources the child needs are special education services, either a special education placement decision can be made, or a plan of special education support for regular education can be drafted. Personnel from both special education and regular education should be involved in this process.

Learning Disabled and Behaviorally Disordered

At the first task force meeting, participants determined that most handicapping conditions are well enough defined to insure that only

handicapped children are placed in special education programs. Two areas of handicapping conditions, however, lack clarity. The focus of the task force was to be directed to these more nebulous areas--those of the learning disabled and the behaviorally disordered. The categories of the slow learning, the environmentally disadvantaged, and the culturally/linguistically different were studied as exclusion categories to these two, because children in these exclusion categories are most often confused with the learning disabled and the behaviorally disordered.

In working on a definition of the learning disabled child, a need was recognized to operationalize the definition, and such an attempt was made. (Operationalizing such definitions is a current, ongoing process by many individuals and groups across the country; clarity and consensus have not been easily reached.) Components that are easily measured in terms of absence or presence and degree are needed, as well as those components that can be defined so that they are easily understood from person-to-person. Such components related to learning disabilities often include task failure, (e.g., difficulty in learning to read), exclusion factors (e.g., biochemical irregularities), a discrepancy component (e.g., discrepancy between ability and achivement) and a psychological component (e.g., dysfunction in such learning processes as memory, discrimination, etc.). Such concepts as "brain injured" and "dyslexia" are not included because of the widespread disagreement over the meaning of these terms. For the definition to be functional, decisions must be made on the cut-off criteria in each component.

The definition of Learning Disabilities in this document is a result of the task force effort. PL 94-142, however, has retained the federal definitions contained in PL 91-230 and PL 93-380:

> . . . "children with specific learning disabilities" means those children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceputal handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or environmental, cultural, or economic disadvantage.(Section 620(b)(4)(A).

The PL 94-142 also requires the Commissioner of Education to redefine learning disabilities within one year of enactment and to establish and describe diagnostic procedures for determining learning disabled children.

Children with learning disabilities often have emotional problems and in attempting to distinguish a learning disabled child and a behaviorally disordered child, a clear determination must be made as to which is the primary handicap. For example, failure to diagnostically locate a learning process deficit would, in many cases, contribute to a diagnosis of behaviorally disordered; a period of diagnostic teaching and/or observation may be needed to assist in such a diagnosis.

The material on the matrix is not intended to be "ideal" nor a series of final statements to be used unaltered. The matrix is simply a method of organizing the input from the various state efforts and is meant to be accepted,

rejected or modified by each state as needed. In regard to learning disabilities, for instance, the matrix materials and the operational components above would need to be modified to fit special circumstances in each state. Decisions surrounding such factors as an acceptable magnitude of discrepancy between ability and achievement and which process deficits (and amount of deficit) to include, must be tailored to such realities as the stage of special education development and the political and the economic climate of the state.

System Failure and Process Failure

It is increasingly recognized that educational systems (the organization and conduct of educating children in an environment or milieu specifically established for that purpose) can produce learning failures in various ways. Such aspects as poor instruction, rigidity in programming, insensitivity to children's needs, failure to adjust the curriculum to stages of child development, and a prevalent aversion to taking a critical look at the system are among the factors influencing children and contributing to learning failures. With the advent and explosive expansion of special education, with the current pressure toward mainstreaming, and with the overlapping roles of regular and special education, children who are having difficulty in school are increasingly being referred for special education services. At the extreme these are children finding themselves placed in special classrooms.

The task force recognized that in any attempt to diagnose or identify children with learning disabilities, a differentiation must be made between a learning process deficit and a system failure. System failures must be considered as exclusion factors in a diagnosis of learning disability. When

system failures are ruled out, an initial step in constructing a remedial approach is an examination of intrachild processes. The verification of system failures should lead to an organizational development effort to correct the factors in the system which lead to learning difficulties.

Norm-Referenced and Criterion-Referenced Assessments

The information found in the dimensions of Diagnostic Strategies, Assessment Instruments and Criteria for Determining Eligibility in the matrix relates exclusively to standardized or norm-referenced measurement as the means to diagnose and identify children in the five categories of learning difficulty. The task force believes that criterion-referenced assessment and task analysis are legitimate approaches to diagnosis, and stresses that such methods should also be employed. A combination of norm-referenced and criterion-referenced assessment measures is desirable. To determine where a child places on any dimension and to then construct successive steps to achieve a goal--be it academic or developmental--is clearly of benefit to any child having difficulty. Instruction within each step and assessment of the results give needed direction in approaching succeeding tasks.

Culturally and/or Linguistically Different

The child who is culturally and/or linguistically different from the predominant or prevailing culture in which he is educated poses a special problem for special education. Legal issues regarding diagnosis and placement in special education programs are becoming increasingly complex and it is difficult to adhere to state and federal requirements of nondiscriminatory procedures. More importantly, however, conducting adequate diagnostic and

planning procedures for culturally different children who are also handicapped is considerably more complicated in comparison to other children. As a result of these difficulties, the trend has changed from misdiagnosis and misplacements of a disproportionately large number of such children in special education to excluding them from consideration for special education intervention because of the risk of legal consequences. Although court decisions have focused on culturally different children who were thought to be mildly retarded, from a professional diagnostic standpoint, it is children who may have a specific learning disability or may be behaviorally disordered who present the really difficult challenge.

Among the numerous issues that need to be confronted and dealt with are the following:

1. The identification of present diagnostic instruments and procedures as well as areas where others need to be developed. As far as can be determined, an exhaustive list of instruments that have either been specifically developed for use with or can be adapted to the culturally different child is not available. Additionally, this compilation may not be possible at this time because development of such instruments is currently ongoing on many different fronts and in many different places.
2. The exploration of the interrelationships of cultural and linguistic influences and handicapping conditions.
3. The examination of the acculturation process and the development of guidelines as to how this can be most advantageously handled in the

school. The mishandling of the acculturation process itself can result in serious emotional problems in young children.

4. The development of guidelines to assist schools in adhering to court dictates and nondiscriminatory requirements. A legally safe and professionally sound set of suggested procedures must be developed to insure that the educational needs of handicapped, culturally different children are properly met.
5. The planning for inservice and preservice training of teachers toward creating an awareness of and sensitivity to the backgrounds of culturally different children. The values of some cultures dictate behavior toward handicapping conditions that is different from that of the Anglo culture; appreciation for such differences in values is badly needed in serving handicapped, culturally different children.

Special Education and the Community

The task force expressed a need for greater involvement of the community as a whole in the education of handicapped children. Related to the discussion of the responsibilities of regular and special education for handicapped children, the point was stressed that such children should not automatically be considered the sole responsibility of special education. The task force believes that these children need as broad an educational experiential base as possible, including exposure to normal peers. It is axiomatic then that if this broad education base is needed, it is equally critical that the handicapped child be exposed to influences outside education for his optimal development. To isolate the educational process within the

school milieu alone is to shortchange handicapped children. Parents, individually and in organized groups, legislators, the legal and business communities, civil and students rights forces are requesting involvement and these requests should be honored. Working together with these and other vested interest groups would give and does give needed perspective to special education from both a programmatic and financial standpoint.

Appendix A

Comments on PL 94-142

The Education for All Handicapped Children Act of 1975 (also known as Public Law 94-142 and as Senate Bill 6) will undoubtedly become known as the most significant piece of federal legislation ever enacted on behalf of handicapped children. It is probably also the most significant development in elementary and secondary education since Title I, of the Elementary and Secondary Education Act (ESEA). For the first time the federal government has made a major commitment to help educate all handicapped children. This Act is, in effect, an extension of PL 93-380, Education Amendment of 1974.

Following are some of the major highlights and provisions of the Act, as well as requirements for state education agencies and local school districts should they wish to receive funds under this legislation:

1. The Act authorizes appropriations up to approximately $3.16 billion by 1982. This is compared to approximately $100 million for fiscal year 1976. (The Mathias Amendment to Public Law 93-380 is extended to cover fiscal years 1976-1977.) A formula related to excess costs of educating handicapped children will become effective in fiscal year 1978 with increasing appropriations up to 1982. The appropriations authorization will remain roughly at that same level beyond 1982, fluctuating only with inflation or deflation and the national average-per-pupil expenditure. Should Congress appropriate at these levels, this would be, of course, a highly significant increase in the amount of federal dollars for educating handicapped children.

2. Eventually, seventy-five percent of these funds will pass through the state education agency to the local school districts with the state education agency retaining twenty-five percent for administrative purposes. This compares to the one-hundred percent currently administered by the state education agency.
3. Not more than twelve percent of the total school age population may be counted as handicapped for funding purposes. Additionally, not more than one-sixth of these can be learning disabled.
4. The federal funds under this Act at the local district level must be applied only to offset the excess cost of educating handicapped children. The school district must determine its average, annual per-pupil expenditure for all its children. These federal dollars can then be used for the education of handicapped children where the costs exceed that figure.
5. The priorities stipulated for the use of these funds are, first, handicapped children who are unserved (who are not receiving an education) and, second, severely handicapped children who are receiving an inadequate education.
6. The beneficiaries of this act are potentially all handicapped children "between the ages of three and twenty-one." There is a phase-in provision stating that school districts and states must establish policies and procedures " . . . for educating all handicapped children between the ages of three and eighteen . . . not later than September 1, 1978, and for all handicapped children between the ages of three and twenty-one . . . not later than September 1, 1980."

These requirements are not applicable, however, to children aged three to five and aged eighteen to twenty-one inclusive in states that have not mandated special education for these ages. To encourage states to serve preschool handicapped children, the Act does provide incentive grants beyond the regular state entitlement of $300 per child served aged three to five. Such funds must be used by the state to provide preschool services.

7. Perhaps one of the most important aspects of the Act is the requirement of the development at the school district level of an "individualized education program" for each and every handicapped child served. The Act defines this as

> . . . a written statement for each handicapped child developed in any meeting by a representative of the local educational agency or an intermediate educational unit who shall be qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of handicapped children, the teacher, the parents or guardian of such child, and, whenever appropriate, such child, which statement shall include (A) a statement of the present levels of educational performance of such child, (B) a statement of annual goals, including short-term instructional objectives, (C) a statement of the specific educational services to be provided to such child, and the extent to which such child will be able to participate in regular educational programs, (D) the projected date for initiation and anticipated duration of such services, and (E) appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis whether instructional objectives are being achieved.

These individual plans must be developed by appropriate professional personnel in the school district in consultation with the parent and, if possible, the child himself.

8. The due process requirements in PL 93-380 are refined in this Act. These include the right of the parent to: examination of records; an independent evaluation of the child; written prior notice if the school proposes to initiate or change, or refuses to initiate or change the identification, evaluation or educational placement of the child; informed consent including information in the native language; and an impartial due process hearing and appeal.

9. Other provisions of this Act are:

   A. States must establish a state special education advisory panel;

   B. Procedures must be established to guarantee confidentiality of records;

   C. States may refuse to pass-through funds to school districts under a variety of conditions;

   D. The school district must be able to generate an allocation of at least $7,500 or it will get nothing (encouraging consolidation with other districts for special education purposes).

   E. Both the state and local levels must develop procedures for comprehensive personnel development, e.g., training experiences.

   F. Guarantees of a free, appropriate public education <u>at no cost</u> to parents must be made.

   G. Assurances of nondiscriminatory testing must be provided.

   H. The Federal Commissioner of Education may, if he finds substantial noncompliance at either or both the local or state levels, terminate funding not only under this Act but also for the

portions of ESEA Titles I and II dealing with the handicapped, and the Vocational Education Act.

I. A single-line of authority within the state education agency must be established for the education of all handicapped children in the state even though some may, in other respects, be the responsibility of other state agencies.

J. Evaluation of the effectiveness of individualized instruction, least restrictive placement and procedures to prevent erroneous classification of children must be provided.

K. A child search to locate unserved handicapped children is required.

Appendix B

List of Individual State Task Force Participants

by State as Submitted by State Chairpersons

ARIZONA

Ms. Martha Clark
Director, Federal Programs
Roosevelt School Dist. #66
6000 South 7th St.
Phoenix, Arizona 85040

Ms. Herma Hightower
Director, Title I
1535 West Jefferson
Phoenix, Arizona 85007

F. Austin Mathis, Jr.
Title I Program Director
Glendale Elementary School Dist.
P.O. Box 247
Phoenix, Arizona 85301

Dr. Ingrid Swenson
Tempe Union High School Dist.
Danella Plaza-Suite 140
3300 South Mill Ave.
Tempe, Arizona 85282

Ms. Dora McGrew
Dysart School Dist. #89
Route 1, Box 703
Peoria, Arizona 85345

Ms. Myrtle Gutierrez
Littleton School Dist. #65
P.O. Box 280
Cashion, Arizona 85329

Ms. Virginia MacNeal
Tolleson School Dist. #17
P.O. Box 278
Tolleson, Arizona 85353

Bill Padilla
Administrative Specialist
1535 West Jefferson
Phoenix, Arizona 85007

Ms. Janet Harpel
Program Specialist
1535 West Jefferson
Phoenix, Arizona 85007

Al Jauregui
Frank School
8409 S. 56 St.
Guadalupe, Arizona 85283

Jose Mejia
Phoenix Union High School Dist.
2526 West Osborn Rd.
Phoenix, Arizona 85017

Sally Orrantia
Mesa School Dist., CIC
14 West Second Ave.
Mesa, Arizona 85202

Marilyn Seymann
Elementary Education
College of Education
Arizona State University
Tempe, Arizona 85281

Al Joseph
Education Planning Officer
Gila River Indian Reservation
c/o BIA, P.O. Box 8
Sacaton, Arizona 85247

Lillian Sayuant
Indian Child Services
138 West Camelback
Phoenix, Arizona 85013

Ken Groscost
Assistant Director
Special Education
Mesa School Dist.
549 North Stapley
Mesa, Arizona 85203

Jim Parks
Education Program Specialist
1535 West Jefferson
Phoenix, Arizona 85007

Daniel Peterson
Associate Professor
Special Education
Northern Arizona University
Flagstaff, Arizona 86001

Jim Rogers
Administrative Intern
1535 West Jefferson
Phoenix, Arizona 85007

Suzanne Sadler
Education Program Specialist
1535 West Jefferson
Phoenix, Arizona 85007

Bureau of Indian Affairs (BIA)

Charlotte Remillard
P.O. Box 24
New Laguna, New Mexico 87038

Edward Tenorio
Box 98, San Felipe Pueblo
Algodones, New Mexico 87001

William A. Covington
Box 297
Mescalero, New Mexico 88340

Carmen Kemery
3724 Mount Rainier, N.E.
Albuquerque, New Mexico 87111

Rena Oyengue Salazar
General Delivery
San Juan Pueblo, New Mexico 87566

COLORADO

Floyd L. Baribeau
P.O. Box 1734
Boulder, Colorado 80302

Oliver P. Kolstoe
1618 Lakeside Drive
Greeley, Colorado 80631

Dale Polley
2506 Newport
Ft. Collins, Colorado 80521

Sue Wheat
4876 Tennyson
Denver, Colorado 80212

Mary Hull
1937 Sheely Drive
Ft. Collins, Colorado 80521

Chuck High
1085 Peoria St.
Aurora, Colorado 80011

Bill Gearheart
University of Northern Colorado
Greeley, Colorado 80639

John A. Bellomo
Adams County School Dist. 14
4720 E. 69th Avenue
Commerce City, Colorado 80022

Diana Neel Pefley
1360 Vine
Denver, Colorado 80206

Myron Swize
Colorado Dept. of Education
State Office Bldg.
Denver, Colorado 80203

George D. Moller
2449 S. Chase Lane
Lakewood, Colorado 80227

Natalie Hedberg
7942 Fairview Rd.
Boulder, Colorado 80303

Sue Wheat
4876 Tennyson
Denver, Colorado 80212

NEVADA

Dorothy Seigle
3334 Pecos Road
Las Vegas, Nevada 95101

Karen Wagner
1316 W. 4th
Carson City, Nevada 89701

Bill Wagonseller
4951 Plata Del Sal
Las Vegas, Nevada 89121

Minard Maus
682 Mill St.
Ely, Nevada 89301

NEW MEXICO

New Mexico had just completed a year-long study on this issue and felt that it was not necessary to reduplicate their efforts. Their report was submitted as input from the state.

UTAH

Joyce C. Barnes
Granite School District
340 E. 3545 South
Salt Lake City, Utah 84115

Michael Shaw
Davis School District
45 East State Street
Farmington, Utah 84025

Dr. Robert Book
Jordan School District
9361 South 4th East
Sandy, Utah 84070

Dr. Gordon Low
Dept. of Communicative Habilitation
Brigham Young University
Provo, Utah 84601

Dr. Marvin Fifield
Exceptional Child Center
Utah State University
Logan, Utah 84321

Dr. Phyllis Publicover
Dept. of Special Education
Utah State University
Logan, Utah 84321

Ted Henderson
Joaquin School
550 North 6th East
Provo, Utah 84601

Dr. Betty Harrison
Provo Canyon School
P.O. Box 1441
Provo, Utah 84601

John Bone, Principal
Joaquin School
550 N. 6th East
Provo, Utah 84601

Dr. Lester W. Coon
Granite School District
340 E. 3545 South
Salt Lake City, Utah 84115

Robert O. Leitch
353 E. 4th South
Salt Lake City, Utah 84111

Mary Ann Williams
Davis School Dist.
45 E. State Street
Farmington, Utah 84025

Dr. Darrell Hart
Dept. of Educational Psychology
University of Utah
Salt Lake City, Utah 84112

Mary Bechtol
3653 South 805 E., Apt. 11
Salt Lake City, Utah 84106

Dr. Agnes Plenk
1855 Medical Circle
Salt Lake City, Utah 84112

Florence Magleby
Utah State Dept. of Education
250 E. 5th South
Salt Lake City, Utah 84111

Dr. Donna Carr
Utah State Dept. of Education
250 E. 5th South
Salt Lake City, Utah 84111

Dr. Ben Bruse
Utah State Dept. of Education
250 E. 5th South
Salt Lake City, Utah 84111

Dr. Robert L. Erdman
Chairman, Dept. of Special Education
University of Utah
Salt Lake City, Utah 84112

Jeanette Misaka
Dept. of Special Education
University of Utah
Salt Lake City, Utah 84112

Dr. Wynn Egan
Dept. of Special Education
University of Utah
Salt Lake City, Utah 84112

STATE CHAIRPERSONS

Arizona

William F. Hurtgen
Dept. of Special Education
Arizona State Dept. of Education
1535 West Jefferson
Phoenix, Arizona 85007

Bureau of Indian Affairs (BIA)

Thomas G. Chastain
2718 Crestview
Las Cruces, New Mexico 88001

Colorado

Jim Wiggins
Pupil Services Unit
State Dept. of Education
State Office Bldg.
Denver, Colorado 80203

Nevada

Mary Golomb
Dept. of Special Education
College of Education
University of Nevada
Reno, Nevada 89507

New Mexico

Paula Parks
Division of Special Education
State Dept. of Education
State Educational Bldg.
300 Don Gaspar Avenue
Santa Fe, New Mexico 87501

Utah

Randolph Sorensen
Pupil Services
Utah State Board of Education
250 E. 5th South
Salt Lake City, Utah 84111

REGIONAL TASK FORCE PARTICIPANTS
(January 16 & 17, 1975, Denver, Colo.)

Mary Hull
1937 Sheely Drive
Ft. Collins, Colorado 80521

Chuck High
1085 Peoria St.
Aurora, Colorado 80011

Bill Gearheart
University of Northern Colorado
Greeley, Colorado 80639

John A. Bellomo
Adams County School Dist. 14
4720 E. 69th Avenue
Commerce City, Colorado 80022

Diana Neel Pefley
1360 Vine
Denver, Colorado 80206

Jean Moore
SRRC
2363 Foothill Dr., Suite G
Salt Lake City, Utah 84109

Mary Golomb
Special Education Dept.
University of Nevada
Reno, Nevada 89507

Dorothy M. Seigle
Consultant, Special Education
Clark County School Dist.
2832 Flamingo Rd.
Las Vegas, Nevada 89121

Karen Wagner
Learning Disabilities Specialist
Carson City School District
Carson City, Nevada 89701

Myron Swize
Colorado Dept. of Education
State Office Bldg.
Denver, Colorado 80203

Judy Ann Buffmire, Director
SRRC
2363 Foothill Drive, Suite G
Salt Lake City, Utah 84109

George D. Moller
2449 S. Chase Lane
Lakewood, Colorado 80227

William F. Hurtgen
Dept. of Special Education
Arizona State Dept. of Education
1535 West Jefferson
Phoenix, Arizona 85007

Paula Parks
State Dept. of Education
Department of Special Education
300 Don Gaspar Avenue
Santa Fe, New Mexico 87501

Randolph G. Sorensen
Utah State Board of Education
250 E. 5th South
Salt Lake City, Utah 84111

Jim Wiggins
Colorado Dept. of Education
State Office Bldg.
Denver, Colorado 80203

Natalie Hedberg
7942 Fairview Rd.
Boulder, Colorado 80303

Thomas G. Chastain
2718 Crestview Drive
Las Cruces, New Mexico 88001

Frank South
SRRC
2363 Foothill Drive, Suite G
Salt Lake City, Utah 84109

Dr. Romaine Mackie
Consultant
5111 Dalecarlia Drive
Washington, D.C. 20016

Sue Wheat
4876 Tennyson
Denver, Colorado 80212

Donna Gough
SRRC
2363 Foothill Drive, Suite G
Salt Lake City, Utah 84109

COMPILATION SUBCOMMITTEE

Paula Parks
State Dept. of Education
300 Don Gaspar Avenue
Santa Fe, New Mexico 87501

Terry Hurtgen
Arizona State Dept. of Education
1535 West Jefferson
Phoenix, Arizona 85007

Randolph Sorensen
Utah State Board of Education
250 E. 5th South
Salt Lake City, Utah 84111

Frank South
State Service Coordinator
SRRC
2363 Foothill Drive, Suite G
Salt Lake City, Utah 84109

Appendix C

Southwest (Region 3) Management Board

Arizona

Fred Rozum
Director of Special Education
Arizona State Dept. of Education
1535 West Jefferson
Phoenix, Arizona 85007
(602) 271-5754

Bureau of Indian Affairs (BIA)

Dr. Robert E. Hall
Chief, Division of Continuing Education
and Director of Special Education
Bureau of Indian Affairs
BIA/IERC
P.O. Box 1788
Albuquerque, New Mexico 87103
(505) 766-3351

Colorado

Mr. David Miles, Director
Pupil Service Unit
State Department of Education
State Office Building
Denver, Colorado 80203
(303) 892-2727

Nevada

Mr. Larry Davis, Educational Consultant
Exceptional Pupil Education
Nevada State Dept. of Education
Carson City, Nevada 89701
(702) 885-5700

New Mexico

Mr. Elie Gutierrez, Director
Division of Special Education
State Dept. of Education
State Educational Building
300 Don Gaspar Avenue
Santa Fe, New Mexico 87503
(505) 827-2793

Utah

Dr. R. Elwood Pace, Coordinator
Pupil Services
Utah State Board of Education
250 East 5th South
Salt Lake City, Utah 84111
(801) 533-5982

University of Utah

Dr. Robert L. Erdman, Chairman
Department of Special Education
218 Milton Bennion Hall
University of Utah
Salt Lake City, Utah 84112
(801) 581-8122

New Mexico State University

Dr. Darrell Willey
Associate Director
Educational Research Center
P.O. Box 3R
New Mexico State University
Las Cruces, New Mexico 88001
(505) 646-1706